



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 9:17 am, May 10, 2013

REPORT#6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <b>201206</b>	NAME OF AGENCY <b>SAINT JOSEPH POLICE DEPARTMENT</b>	DATE OF INSPECTION <b>05-09-2013</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>501 FARAON STREET SAINT JOSEPH, MISSOURI 64501</b>		TIME OF INSPECTION <b>.1318</b>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <b>05-09-2013 @ 1318</b>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>48</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>REPCO MARKETING</b> LOT # <b>12001</b> EXRDATE <b>04-02-2014</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0</b> °C SIMULATOR SN <b>SD2278</b> EXP. DATE <b>12-17-2013</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE	
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE	
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 w- <b>.098</b>	TEST 2 a- <b>.099</b>	TEST 3 w <b>.100</b>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>0</b>	(.0-.04) <b>0</b>	(.05-.09) <b>1</b>	(.10-.14) <b>1</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE	PRINT FULL NAME <b>OFFICER WAYNE BYROM</b>
TYPE 11 PERMIT NUMBER/EXPIRATION DATE <b>220103 05-09-2013</b>	TELEPHONE NUMBER <b>(816) 271-5359</b>

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901**

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 12001**

**EXPIRATION DATE: April 2, 2014 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:


RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 12001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1205 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/-3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is April 3, 2012.  
The expiration date for this lot number is April 2, 2014  
at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201206  
05/09/13

REST TIME: 10:00  
SUBJECT NAME:  
RFI/TEST  
DOB: 10/10/10 SEX: M  
DATE/D.L.: MD/123456  
RESTING OFFICER:  
BYROM/W/G  
OFFICER I.D.: 7054  
TESTING OFFICER:  
BYROM/W/G  
OFFICER I.D.: 7054  
SERIAL NUMBER: 220103  
EXPIRATION DATE: 05/09/14  
ISCELLANEOUS DATA:  
RFI TEST

----- BREATH ANALYSIS -----

ANK TEST .000 13:39  
INTERNAL STANDARD VERIFIED 13:39  
IDIO INTERFERENCE

OR SIGNATURE

No.

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**  
Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201206  
05/09/13  
13:10

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM (04-07-2009): OKAY  
HEATERS  
SAMPLE CHAMBER: 48c  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

**BAC DataMaster**

Evidence Ticket

STATE OF MISSOURI  
ST. JOSEPH POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201206  
05/09/13

TESTING OFFICER:

BYRON/W/G

OFFICER I.D.# 7054

PERMIT NUMBER: 220103

EXPIRATION DATE: 05/09/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	13:44
INTERNAL STANDARD	VERIFIED	13:44
EXTERNAL STANDARD	.098	13:44
BLANK TEST	.000	13:45
EXTERNAL STANDARD	.099	13:45
BLANK TEST	.000	13:46
EXTERNAL STANDARD	.100	13:47
BLANK TEST	.000	13:47

N = 3

SIM. = .1

AVG. = .099

OPERATOR SIGNATURE

Card Stock No.  
60021

REORDER ALL SUPPLIES FROM N.P.A.S.  
P.O. BOX 1435, MANSFIELD, OH 44901

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



WAYNE BYROM

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

**DATAMASTER;ALCO-SENSOR IV W/PRINTER**

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/09/2012

Number 220103

Expires 05/09/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)